PAT	Application or Docket Number								
1	ENT APPLIC	วบหม	10	171	クラ	90			
	CLAIN	IS AS FI	LED - PART	1	01111	70,			0
TOTAL CLAIMS			Column 1)	(Calumn 2)	TYPE	ENTITY	O OR SM	OTHER THO	
FOR			LE	1/19/07	RATE				EE
TOTAL CHARGEABLE CLAIMS			JMBER FILED	NUMBER EXTRA	BASIC F	EE	OR BASI	C FEE	
INDEPENDENT CLAIMS			minus 20=	*	X\$ 25	=	OR XS	50=	
MULTIPLE DEPENDENT CLAIM PE		IM PRESE	minus 3 =		X100=		OR X20	00-	
					+180=	1	1"-		
* If the differ	ence in column	1 is less th	ess than zero, enter "0" in column 2		L		OR +36	0=	
	CLAIMS A	S AMEN	DED - PART	11	TOTAL		OR TOT		P
1	(Column	1)	(Colum	n 2) (Column 3)	SMALL	ENTITY	OTI OR SMA	IER THA LL ENTI	N I
Total Independe	REMAININ AFTER	ł	NUMBE PREVIOU	PRESENT	·	ADDI-		ADI	
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the entry in colum	nn 1 is less than the	entry in colu	mn 2, write "0" in c	oluma 3	+180=	OR	+360=		
the "Highest Nun	nher Provincely Des	a rot tid tHIS	SPACE is less th	an 20, enter "20."	TOTAL DDIT. FEE	OR A	TOTAL DDIT, FEE		
- rigrical (40/1)(reviously Pald	For! (Total or	Independent) is th	an 3, enter *3.* At e highest number foun	d in the appropria	ale box in colu	mn 1.		•